

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/34104

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3				1		
4				1		
5			1			
6			1			
7				4		
8			1			
9			1			
10				1		
11				1		
12				1		
13				1		
14				1		
15			1			
16			1			
17			1			
18				1		
19				1		
20				1		
21				4		
22				4		
23				3		
24				3		
25				3		
26				3		
27				3		
28				1		
29				1		
30				1		
31				1		
32				3		
33				3		
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49						
50						
TOTAL IND.		↓	9	↓		↓
TOTAL DEP.		←	47	←		←
TOTAL CLAIMS			56			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						